

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/597892</div>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3		0		1				
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TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.	↓
TOTAL DEP.	21	←	20	←		←	TOTAL DEP.	←
TOTAL CLAIMS	23		22				TOTAL CLAIMS	